



Revocation of Restriction on Use & Disclosure of PHI

Return completed Request to:

**Southern Star Privacy Officer
Southern Star Central Gas Pipeline, Inc.
4700 Highway 56
Owensboro, KY 42301
Fax: 270/852-5017**

I hereby revoke the requested restriction on my PHI maintained by Southern Star that Southern Star previously granted. I understand that such revocation shall be effective as of the date of its receipt by Southern Star.

My Name: _____
Last First

My SSN: _____ - _____ - _____ **My Telephone:** (____) _____ - _____

My Address: _____
Street/Apartment
City, State, Zip

My Email: _____

Authorized Representative's Name: _____
Last First

Signature (Insured or Authorized Representative): _____

Dated: _____

To be completed by Human Resources

Date Revocation Received _____ Date Revocation filed _____